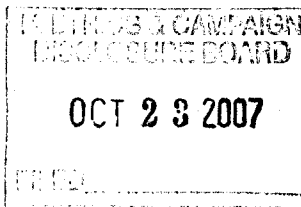


File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE



COMMITTEE NAME (Must be same as on Statement of Organization)

People for Beall

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
Daryl Beall

Political Party (if applicable)
Democrat

Office Sought
Senate

District (if Senate or House)
25

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1361

Logged In

Scanned

Computer

Audited

No changes
WRS
3-10-08

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Daryl Beall

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

10/23/07

DATE SIGNED

I AM FILING A May 14, 2006

(report date)

REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.

☒ CHECK IF AMENDMENT TO REPORT DATED May 14, 2006

5-18-06

Indicate by # 1

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

18,564.47

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5,339.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

23,903.47

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2,983.15

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

20,920.32

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

0.00

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

20,733.82

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

DISCLOSURE SUMMARY PAGE**COMMITTEE NAME** (Must be same as on Statement of Organization)

People for Beall

IMPORTANT: Indicate by # type of committee you are reporting for: 1(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Daryl Beall

Office Sought

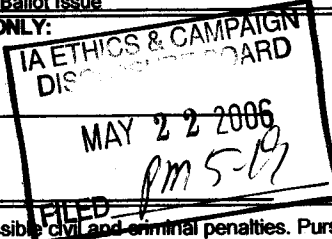
Senate

Political Party (if applicable)

Democrat

District (if Senate or House)

25

**FORM****DR-2**

(Rev. 12/2005)

**DISCLOSURE
REPORT****For Office Use Only**

Comm. #

Logged In

Scanned

Computer

Audited

File with:

Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-3701

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A May 14, 2006

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

☐ CHECK IF AMENDMENT TO REPORT DATED See amended pageIndicate by # 1☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 18,564.47

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5,339.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)**SUB-TOTAL** \$ 23,903.47**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2,985.15

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$ 20,920.32

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ 0.00****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 20,733.82****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ 0.00**CONSULTANT BREAKDOWN** (Schedule G Attached?)YES ☒ NO**CANDIDATE COMMITTEES ONLY:****VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
02/14/02	ID# CK#	SHEILA SIEVERS 208 W. LINCOLNWAY JEFFERSON, IA		\$ 100.00	
"	ID# CK#	GARY FAHAN 202. S. WOODLAWN AVE LAKE CITY, IA 51449		50.00	
"	ID# CK#	JULIE SMITH 1911. 9th AVENUE FT DODGE, IA 50501		10.00	
"	ID# CK#	SHANE + EDDIE DEHAAN 1173 COLONIAL DR FT DODGE, IA 50501		75.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

TOTAL (If last page of this schedule)

\$ 235.00
\$ 539.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05/10/06	ID# CK#	BLAKE PARKER 421 N. 18TH ST FORT DODGE, IA 50501		\$ 250.00	✓
05/16/04	ID# CK#	DAN ROGERS 1619 N. 22ND ST FT DODGE, IA 50501		250.00	✓
"	ID# CK#	BRUCE SHIMKAT 1963 LAKESHORE DR MANSON, IA 50563		250.00	✓
"	ID# CK#	BENNETT O'CONNOR 306 COUNTRY CLUB DR FT DODGE, IA 50501		250.00	✓
"	ID# CK#	BEVERLY DOERZMAN 134E - 28TH AVE No FT DODGE, IA 50501		200.00	✓
"	ID# CK#	MATT MAGGIO 815 NORTHWOOD AVE FT DODGE, IA 50501		250.00	✓
"	ID# CK#	ANNE PERSON 2644 - 3RD AVE No. FT DODGE, IA 50501		25.00	✓
"	ID# CK#	RALPH KITTERMAN 712 KENYON RD FT DODGE, IA 50501		20.00	
"	ID# CK#	ROBERT SINGER 3257 - 5TH AVE N. FT DODGE, IA 50501		100.00	✓
"	ID# CK#	ELIZABETH CALISES 1945 - 15TH AVE No FT. DODGE, IA 50501		100.00	✓
SUB-TOTAL				\$1695.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05/10/06	ID# CK#	NANCY STANEK 2826 - N. 25TH ST FT DODGE, IA 50501		\$ 100.00	✓
u	ID# CK#	THOMAS ECKMAN 2235 - WAUKON AVE MANSON, IA 50563		100.00	✓
a	ID# CK#	DENNIS BERTÉ 2232 - DAWSON DR FT DODGE, IA 50501		100.00	✓
a	ID# CK#	WILLIAM GOOD 1718 - N. 14TH ST FT DODGE, IA 50501		100.00	✓
a	ID# CK#	DOUGLAS HARRELL 1631 - N. 22ND ST FT DODGE, IA 50501		100.00	✓
d	ID# CK#	G. CARRY OWENS 1161 FOX RIDGE RD FT DODGE, IA 50501		100.00	✓
a	ID# CK#	CHRISTOPHER PARKER 1728 - CENTRAL AVE APT 1 FT DODGE, IA 50501		100.00	✓
u	ID# CK#	JAMES BURR 2002 GREENBRIAR DR FT DODGE, IA 50501		100.00	✓
	ID# CK#				
	ID# CK#				
SUB-TOTAL				\$ 800.00	✓
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/13/06	ID# CK#	RHONDA CHAMBERS 1645 - 9TH AVE NO FORT DODGE, IA 50501		\$ 100.00	✓
11	ID# CK#	DOUGLAS BRIGHTMAN 2740 - 22ND AVE. NO FT DODGE, IA 50501		100.00	✓
"	ID# CK#	DICK DEARDEN 3113 KINSEY AVE DES MOINES, IA 50317		100.00	✓
"	ID# CK#	WILLIAM MORAIN 408 S. STATE ST LAMONI, IA 50140		100.00	✓
05/12/06	ID# CK#	FRANCISCO PERALTA 2905 S. SOLDIER CREEK DR FORT DODGE, IA 50501		200.00	✓
05/10/06	ID# CK#	JANE ECKLUND 1237 RUSHRIDGE RD JEFFERSON, IA 50129		29.00	
05/09/06	ID# CK#	JOYCE AUSBERGER 917 P. AVENUE JEFFERSON, IA 50129		50.00	✓
"	ID# CK#	RICK SALOCKER 2021 WESTWOOD ACRES DR FT DODGE, IA 50501		100.00	✓
"	ID# CK#	DEAN POLKING 1435 - 1ST AVENUE NO. FT DODGE, IA 50501		100.00	✓
"	ID# CK#	STEVEN DANIEL 2188 - 160TH ST FT DODGE, IA 50501		250.00	✓
SUB-TOTAL				\$ 1129.00	
TOTAL (if last page of this schedule)				\$ 55	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 4 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
05/13/06	ID# CK#	CRAIG JOHNSON 2504-19th AVE N. FT DODGE, IA 50501		\$ 250.00	✓
u	ID# CK#	CATHY JANVRIN 51 GEORGETOWN CIRCLE O'FALLON, MO 63366		500.00	✓
u	ID# CK#	DOROTHY JANVRIN 420 KENYON RD FT DODGE, IA 50501		250.00	✓
a	ID# CK#	KATHLEEN KREBEL 723 ELIZABETH AVE FT DODGE, IA 50501		250.00	✓
u	ID# CK#	MICHELLE WRIGHT 4712 ADMIRALTY WAY MARINA DEL REY, CA 90292		100.00	✓
1	ID# CK#	LUANNE AKINS 830 - S. 17th ST FT DODGE, IA 50501		25.00	✓
u	ID# CK#	DEEPA HOLTZMAN 1485 - 21st AVE N 3006 C-12 FT DODGE, IA 50501		25.00	✓
a	ID# CK#	DONNI MITCHELL 819 - 3rd AVE SO FT. DODGE, IA 50501		25.00	✓
u	ID# CK#	PAUL SALMON 1844 - 8th AVE SO. FT DODGE, IA 50501		25.00	✓
1	ID# CK#	JERRY PATTERSON 2019 HIGHLAND PK AVE FT DODGE, IA 50501		30.00	
SUB-TOTAL				\$ 1480.00	
TOTAL (if last page of this schedule)				\$ 5339.	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 5 of 5
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 08/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

PEOPLE FOR BEALL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
✓ 02/10/06	ID# 1361 CK# #9098 2167	SENATE MAJORITY AND DES MOINES, IA	CAMPAIGN EXPENSES	\$ 2000.00
02/10/06	ID# 1361 CK# 2164	CARTER PRINTING 1739 E. GRAND AVE DES MOINES, IA 50316	INVITATIONS	74.41
05/13/06	ID# 1361 CK# 2169	CARTER PRINTING 1739 E. GRAND AVE DES MOINES, IA 50316	INVITATIONS	319.06
05/13/06	ID# 1361 CK#	AMERICAN EXPRESS TO J. BEALL	POSTAGE	589.68
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$

TOTAL (if last page of this schedule)

\$ 2993.15

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 55.6(3)(f).)

Page 1 of 1

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Beall

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
1/27/06	Senate Majority Fund 5661 Fleur Drive Des Moines, IA 50321		Mailings	\$ 5,021.49	<input type="checkbox"/>
2/16/06	Senate Majority Fund 5661 Fleur Drive Des Moines, IA 50321		Event Phone Calls	537.97	<input checked="" type="checkbox"/>
3/6/06	Senate Majority Fund 5661 Fleur Drive Des Moines, IA 50321		Mailings	4,921.78	<input type="checkbox"/>
3/6/06	Senate Majority Fund 5661 Fleur Drive Des Moines, IA 50321		Event Phone Calls	370.02	<input checked="" type="checkbox"/>
4/7/06	Senate Majority Fund 5661 Fleur Drive Des Moines, IA 50321		Mailings	4,921.78	<input type="checkbox"/>
5/5/06	Senate Majority Fund 5661 Fleur Drive Des Moines, IA 50321		Mailings	4,921.78	<input type="checkbox"/>
5/9/06	Senate Majority Fund 5661 Fleur Drive Des Moines, IA 50321		Postage	39.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

TOTAL (if last
page of this
schedule)

\$

20,733.82

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page 1 of 1
(for Schedule E)